

State Strategic Business Plan - Part 4

VIII. FINANCIAL MANAGEMENT AND ACCOUNTABILITY

Reform of the mental health, developmental disabilities and substance abuse services was driven by a demand for increased accountability in all areas of the system. Financial accountability ensures that funds are expended according to legislative and executive branch requirements. It also promotes spending in the most efficient and effective manner possible. North Carolina tax payers must be assured that they are getting value for their tax dollars, that the state is employing good financial management strategies and that those who are served by this system are supported as full citizens of their communities.

A. The Division will create a long-range finance strategy to support mental health reform in collaboration with DHHS.			
Objective	Task/Strategy	Outcome/Product	Completion Date
VIII.A-1 The Division will create the framework for building a financial strategy to support reform.	a) Establish financial policy consistent with mh/dd/sas reform for approval by the Secretary.	Financial policy with impact analysis (including recommendations for dedicated funding) completed and approved by the Secretary.	Oct. 1, 2002
	b) Conduct an analysis of the financial impact of the new financial policy.	Financial accountability work plan launched.	Jan. 1, 2003
	c) Develop work plan that sequentially delineates tasks to be accomplished to build the framework, including but not limited to: <ul style="list-style-type: none"> • Delineating LME functions. • Finalizing target populations. • Setting core function parameters. • Creating the new service array for target populations. • Delineating state functions. • Creating seamless funding streams. 	Progress updated quarterly in reports to LOC.	Oct. 1, 2002 and quarterly thereafter
	d) Publish report(s) on developing the finance strategy to include the work plan and ongoing progress.		
	e) Develop a method for dedicating ongoing state & federal funding for use by		

	mh/dd/sa system.		
VIII.A-2 The Division will maximize the use of all funding sources.	<p>a) Develop a comprehensive policy on the use of Medicaid funding for mh/dd/sas.</p> <p>b) Revise State Medicaid Plan to support new policy and specifically address:</p> <ul style="list-style-type: none"> • Changes need to coordinate with Health Choice and other state funding. • Changes to effect increasing services to children with developmental disabilities under EPSDT. • Changes necessary to optimize HCBS waivers. <p>c) Create new HCBS waivers, as appropriate, to meet the intent of the new policy. In the transition complete work on waivers as recommended in HSRI report:</p> <ul style="list-style-type: none"> • Submit new package of waivers to CMS: traumatic brain injury waiver, supports waiver and comprehensive waiver. • Transition all those currently on existing CAP-MR/DD waiver to support or comprehensive waiver. Close CAP-MR/DD waiver. • Create separate HCBS waiver for persons leaving MR Centers, if needed. <p>d) Develop a plan to create a greater pool of housing resources/funds to support the State Plan.</p> <p>e) Create strategies to enable SSI/SA benefit portability.</p> <p>f) Develop plan to coordinate and optimize employment resources/funds including new provisions for work incentives.</p>	<p>Comprehensive Medicaid policy is submitted jointly by DMH and DMA to the Secretary for approval.</p> <p>Initial State Medicaid Plan revisions submitted to DMA/DHHS.</p> <p>Waiver package submitted to CMS.</p> <p>Waivers implemented.</p> <p>Existing CAP-MR/DD Waiver closed.</p> <p>Housing resources identified and recommendations for necessary legislative action submitted.</p> <p>Recommendations for legislative changes in SSI/SA benefits submitted to DHHS.</p> <p>Employment plan submitted and implementing MOA with all agencies and organizations signing.</p> <p>Practice for maximizing receipts incorporated into financial accountability work plan. [See VIII.A-1 (c) above.]</p>	<p>Jan. 1, 2003</p> <p>Jan. 1, 2003</p> <p>July 1, 2002</p> <p>Jan. 1, 2003</p> <p>July 1, 2003</p> <p>Oct. 1, 2002</p> <p>Oct. 1, 2002</p> <p>Oct. 1, 2003</p> <p>July 1, 2002</p>

	g) Implement practices to maximize first and third party payments.		
VIII.A-3 The Division will develop the capacity to convert funding from institutional programs for use in community settings.	<p>a) Develop a realignment plan of state facility resources that fiscally supports the institutional reduction plans in IV.B-2.1 – 2.4.</p> <p>b) Identify fiscal supports for moving individuals from institutional services into community supports in the event that the institutional dollars are not immediately available.</p> <p>c) Review local fiscal capacity and develop mechanisms at the local level to ensure dollars received by LMEs are accounted for and used to facilitate institutional downsizing.</p> <p>d) Implement re-alignment plan and begin redirecting funds from state facilities to community services.</p>	<p>Realignment plan incorporated into financial accountability work plan. [See I.A (c) above.]</p> <p>Bridge funding included in existing Mental Health Trust Fund spending plan. Revisions will be ongoing in response to legislative increases/decreases in appropriations.</p> <p>Movement of funds from institutional budgets to community (LME) budgets begins.</p>	<p>Jan. 1, 2003</p> <p>Ongoing</p> <p>July 1, 2003</p>
VIII.A-4 The Division will manage and oversee transition to a system of fair and equitable resource allocation methodology.	<p>a) Assess current resource allocation methodology in the mh/dd/sas system including all funding practices and identify which specifically relate to funding disparities.</p> <p>b) Determine an equitable process for allocation of state psychiatric hospital bed days that will provide incentives to use community resources.</p> <p>c) Complete research and development of new resource allocation system based on the DOORS Program in Wyoming. Determine efficacy of use across all disabilities.</p> <p>d) Implement resource allocation process within new HCBS Waivers and determine effectiveness.</p> <p>e) Create disability-specific</p>	<p>Funding practices assessed and recommendations for changes submitted to DHHS and Office of State Budget.</p> <p>Resource allocation research completed and recommendations with respect to cross disability application submitted to Division Director.</p> <p>Resource allocation model applied to new HCBS Waivers.</p> <p>Expanded resource allocation system among disability populations applied as demonstration.</p> <p>Individual budgets implemented in new waivers.</p> <p>Method for pricing entire</p>	<p>April 1, 2003</p> <p>Jan. 1, 2003</p> <p>July 1, 2003</p> <p>July 1, 2004</p> <p>Jan. 1, 2004</p> <p>July 1, 2004</p>

	<p>resource allocation methodologies if needed to effect a funding system based on each individual's intensity and urgency of need.</p> <p>f) Implement new resource allocation system and develop method for pricing entire service plans on an annual basis.</p> <p>g) Direct a statewide plan for re-assessment of individuals already receiving services to determine that actual needs match resources provided.</p>	<p>service plan throughout Division populations implemented as demonstration.</p> <p>Application of demonstrated urgency and intensity of need instruments begins system wide.</p>	July 1, 2004
A. The Division will institute new fiscal practices to facilitate reform.			
Objective	Task/Strategy	Outcome/Product	Completion Date
VIII.B-1 The Division will institute independent cost modeling of new system functions.	a) Establish formula to determine projected costs of LME functions.	Contractor submits interim report on LME functions.	Aug. 1, 2002
	b) Establish formula to determine projected costs of services, both core and target. Provide for costing out new services/supports dictated by best practice standards.	Contractor submits report and recommendations with respect to core and targeted services.	Nov. 1, 2002
		QM fiscal impact study submitted.	April 1, 2003
	c) Project cost of implementing new quality management system and all of its individual components, i.e., monitoring, competencies and best practice standards.	Projected costs of state UM function published in solicitation document (RFA).	Jan. 1, 2003
	d) Determine reasonable costs for state utilization management system.	Division/Department staff using Contractor's cost modeling formulas to project costs of new system components as needed.	July 1, 2003
VIII.B-2 The Division will establish state-level procedures to enable fiscal reform.	e) Create the capacity within the Division/Department to perform cost modeling as new components of the mh/dd/sa system are planned and developed.		
	a) Review all current fiscal procedures to determine efficacy in the new system.	Assessment of current fiscal procedures completed and recorded in quarterly progress reports.	April 1, 2003
	b) Develop cost finding (as opposed to cost modeling)	New cost finding methods,	July 1, 2004

	<p>methods consistent with best practice, if necessary in the new fiscal environment. Ensure new methodology does not provide unintended incentives for provision of congregate care and/or professionally/provider driven systems of support.</p> <p>c) Develop procedures that provide for a flexible rate structure.</p> <p>d) Complete analysis and make recommendations for direct/indirect cost of qualified providers.</p> <p>e) Create audit specifications that support best practice standards.</p> <p>f) Assess the cost factors associated with direct enrollment.</p>	<p>flexible rate structures and audit specifications adopted and in use.</p> <p>Provider administration costs determinations made and in place for auditing.</p> <p>Direct enrollment costs calculated and recommendations for administering direct enrollment in IPRS submitted to the Division Director.</p>	<p>July 1, 2003</p> <p>April 1, 2003</p>
<p>VIII.B-3</p> <p>The Division will redesign its fiscal policies and practices as necessary to support best practices.</p>	<p>a) Create ways to increase the flexibility of funding streams including the development of funding collaboratives and funding resource pools.</p> <p>b) Develop funding structures that champion new flexible support options for people with disabilities in community.</p> <p>c) Establish a consumer-friendly voucher system for use among all disabilities.</p> <p>d) Establish policies and procedures around the use of independent fiscal agents such as fiscal intermediaries, staff leasing agents and public entities as fiscal agents.</p> <p>e) Develop fiscal policies and strategies to enable consumer-directed support options, such as micro-boards, revolving loan funds to support consumer owned housing and businesses,</p>	<p>Financial accountability work plan includes specific tasks and strategies, outcomes and timeline for instituting new fiscal policies to support best practice inclusive of VIII.B-3 (a) – (g).</p>	<p>Jan. 1, 2003</p>

	<p>tenancy agreements, consumer owned provider agencies, family provider co-ops and consumer co-ops in the areas of housing and work.</p> <p>f) Develop policies and consumer-friendly procedures to support and encourage consumer/family participation and access.</p> <p>g) Examine ways to obtain additional funding through traditional/non-traditional means.</p>		
--	---	--	--

IX. INFORMATION SYSTEMS AND DATA MANAGEMENT

Successful implementation of the State Plan compels the Division to standardize data, develop uniform measures and continue development of an accessible and effective information system. Information is needed for accountability, management, planning and evaluation. All stakeholders need the ability to answer key questions and make critical decision that will improve the quality of care. The technology component of the State Plan will improve:

- 1) Clinical and administrative decisions made by consumers, family members, providers, payers, managers and researchers.
- 2) Services by making available to stakeholders reliable data on a community's mh/dd/sas needs, services, service users, cost, revenue, performance and outcomes.
- 3) Accountability within the framework of continuous quality improvement.
- 4) Communications within the mh/dd/sas system as well as between it and other human services systems.

In addition, care must be given to involve use of new technologies to ensure efficiency and security of data collection and cost-effectiveness. These technologies must be consistent with the state's Information Technology Services (ITS) and DHHS architecture, enterprise level solutions and federal and state data standards.

A. The Division will develop the information management and data systems necessary to support the reform.			
Objective	Task/Strategy	Outcome/Product	Completion Date
IX.A-1 The Division will oversee the implementation of the Integrated Payment and Reporting System (IPRS).	a) Ensure compatibility and consistency with the fiscal agent's (currently Electronic Data Systems - EDS) IPRS programming.	Procedures developed for initiating and monitoring IPRS system change requests to be completed by the fiscal agent.	April 2002
	b) Implement IPRS statewide rollout.	IPRS implemented in four cohorts to include user training, client eligibility, electronic claim (837) and RA (835), provider enrollment, prior approval and business integration.	June 2003
	c) Provide ongoing training and technical assistance during rollout period and resolve problems/issues.	Training plan developed and initiated to address the phased approach of IPRS implementation.	May 2002
IX.A-2 The Division will implement and oversee the new Decision Support System.	a) Provide training for central office and LME staff.	Training classes established for central office and LME staff.	August 2002
	b) Extend web-based access to LMEs and service providers as appropriate.	Access to the Decision Support System extended upon completion of training.	August 2002 and ongoing
	c) Establish statewide data reporting requirements to assure accurate, consistent information and reliable	An assessment of existing data collection processes,	Aug. 31, 2002

	<p>comparisons.</p> <p>d) Eliminate duplication in current data systems and unnecessary forms.</p> <p>e) Provide web-based access to current and past research abstracts.</p> <p>f) Continue assessment and review of other data systems for possible migration to decision support.</p>	<p>standards and methodologies completed and recommendations for change presented for approval.</p> <p>Workgroup established to compile, review and develop a matrix of the data elements in current data systems and forms. Recommendation for change presented for approval.</p> <p>Web-based technologies employed in the Decision Support System. Development and research abstracts available.</p> <p>Other data systems reviewed for inclusion in the decision support project.</p>	<p>Sept. 30, 2002</p> <p>April 2002</p> <p>Ongoing</p>
<p>IX.A-3</p> <p>The Division will develop and implement a plan for seamless electronic communication systems across agencies and qualified providers.</p>	<p>a) Review current and cost-effective tools for improving communication among agencies and qualified providers.</p>	<p>Technical Communications Plan developed and implemented.</p>	<p>December 2002</p>
<p>IX.A-4</p> <p>The Division will provide leadership in use of technology to improve the mh/dd/sa system and support to individual users.</p>	<p>a) Develop a technical strategy for effective use of technology in a healthcare environment.</p>	<p>Strategic Technology Plan developed for the Division.</p>	<p>January 2003 and ongoing</p>
<p>IX.A-5</p> <p>The Division will provide technical guidance and/or leadership in selection/development of a consumer centered, outcome focused electronic health record system.</p>	<p>a) Review and prioritize recommendations for obtaining an electronic health record system that will:</p> <ul style="list-style-type: none"> • Support timely case management among care providers for follow-up evaluation, research and quality improvement initiatives. • Provide sufficient information regarding service utilization to support making decisions 	<p>Recommendation made to LMEs and providers regarding selection of an electronic health record system.</p>	<p>January 1, 2003</p>

	<p>about planning, funding and managing the care system.</p> <ul style="list-style-type: none"> • Provide a seamless link to IPRS and the Decision Support System. • Comply with privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA). 		
B. The Division will oversee the implementation of all technology standards at the local level.			
Objective	Task/Strategy	Outcome/Product	Completion Date
IX.B-1 The Division will ensure local compliance with state and federal technology and data standards, with special emphasis on compliance with HIPAA standards.	a) Establish technology specifications for LMEs.	Compliance guidelines developed and published.	August 2002
	b) Upon receipt of letters of intent, conduct readiness reviews to determine that each LME has the technological capacity necessary for certification.	Template developed for technical certification of LMEs.	September 2002
	c) Review all local business plans for inclusion of technological compliance and improvements.	Scoring system developed for compliance and corrective actions required for LME technical deficiencies.	September 2002 and ongoing
IX.B-2 The Division will oversee the continued technological developments at the local level.	<p>a) Provide training and technical assistance to LMEs as needed.</p> <p>b) Institute a complaint/problem resolution process to avoid prolonged technological problems.</p> <p>c) Develop technological supports to enable LMEs to share information and resolutions to issues to promote shared learning.</p>	Strategic Technology Plan developed and updated as needed.	December 2002 and ongoing.

X. COLLABORATION

The Division of MH/DD/SAS is expected to cultivate partnerships among community agencies, state divisions and departments. Partnerships are necessary to forge linkages for care coordination and to develop cooperative solutions to complex problems.

Examples of efforts to foster collaboration include:

- Structures, such as multi-purpose collaborative bodies, that facilitate state and local coordination, promote early intervention and explore methods for pooling resources.
- Efforts to focus on substance abuse as an issue permeating societal problems at all levels.
- Collaborative efforts to address needs of older adults in the mental health/corrections systems interface.
- Coordination of specialty services with local physical health care organizations.

Collaborative efforts by the Division with the local and regional communities and state agencies and organizations to support prevention and outreach activities of mh/dd/sa systems are documented at both a system and client-specific level. This includes preventing disabilities through early intervention and collaborating with public safety agencies throughout the state and advocacy organizations in development of state policies and norms that prohibit youth access and that discourage underage use of tobacco and alcohol products. The Division must show that it is collaborating with other state and local public and private service systems to ensure access and provide for an efficient and effective statewide system.

A. The Division will advance collaborative efforts among divisions of DHHS and among departments.			
Objective	Task/Strategy	Outcome/Product	Completion Date
X.A-1 The Division will participate in and/or create new partnerships with state agencies to facilitate reform.	a) Develop cross agency policy recommendations for DHHS statewide best practices (duplicate of IV E.2).	Policy guidance presented to Department for implementation across agencies as appropriate.	July 1, 2004
	b) Review all existing MOAs between the Division and other state agencies for consistency with the State Plan and update as needed.	Existing cross-divisional agreements updated and executed.	July 1, 2002
	c) Assess the nature and extent of Division participation in DHHS cross-divisional initiatives. Make recommendations to improve efficiency and efficacy as needed.	Report with recommendations on cross-divisional initiatives submitted to Division Director.	Jan. 1, 2003
	d) Establish new initiatives as needed to promote best practices among agencies.		
X.A-1.1 The Division will enhance existing joint efforts in the areas of training and	a) Engage university and community college systems with teams of specialists or trainers in each region to create regional learning	First regional learning center operational. A new learning center becomes operational in each subsequent fiscal year.	July 1, 2004 and annually thereafter with the final coming on-line July 1,

education.	centers. b) Develop and/or strengthen collaborative agreements with community college systems, DPI, colleges and universities, Area Health Education Centers & associated training vendors to establish training for State Plan, best practices including cultural competencies. [See IV,5.3.]		2007
X.A-1.2 The Division will participate in departmental level initiative to address workforce issues in human services.	a) In collaboration with the Long Term Care Cabinet and the Real Choice Systems Change Grant, implement strategies to address workforce issues identified in the HSRI Report. b) Assess the issue of rates paid to providers in relation to wages paid to direct care professionals. Develop recommendations to correct inequities. c) Determine a "reasonable wage" for personal assistant services and develop strategies to increase wages to that amount. d) Develop and update career enhancement procedures for new system. e) Develop recommendations for incentives for workforce stability by rewarding lower turnover and vacancy rates.	Real Choice Workforce Project operational and meeting timelines. Grant progress reports disseminated to all stakeholders.	Grant began Oct. 1, 2001 and ends Sept. 30, 2004
X.A-1.3 The Division will increase participation in the Long Term Care Cabinet.	a) Improve the Division's presence in the Long Term Care Cabinet via regular attendance by the Director and/or his designee. b) Present report on the integration of the Dept.'s Olmstead Plan, Long-Term Care Plan (issues by the Institute of Medicine) and the <i>State Plan, Blueprint for Change</i> . c) Create a collaborative strategy for implementing the Community PASS Systems	Initial report on integration of DHHS plans submitted to LOC with recommendations for necessary to changes to resolve conflicts. Changes in plans are submitted to legislature and implementation of changes begun. Community PASS Project Plan implemented with cross-divisional participation.	July 1, 2002 April 1, 2003 Grant begins Oct. 1, 2002 and ends Sept. 30, 2005

	Change Grant recently awarded to the Department.		
X.A-1.4 The Division will engage in cross-departmental strategies to address prevention issues consistent with the State Plan.	<p>a) Initiate statewide coordination effort to address disability prevention including Early Intervention and Office of Public Health, Governors Highway Safety Commission, MH/DD/SAS and private insurance and medical agencies.</p> <p>b) Assess the efficacy of indicated and selected prevention services as applied in substance abuse services across DHHS target populations.</p> <p>c) Develop prevention service system that is applicable to as wide a target population as indicated.</p>	<p>Cross-departmental disability prevention plan submitted to all appropriate legislature research committees.</p> <p>Recommendations implemented.</p>	<p>July 1, 2004</p> <p>Jan. 1, 2005 and ongoing</p>
X.A-1.5 The Division will work with the Division of Facility Services (DFS) to modify licensure statutes, rules and practices to promote best practices.	<p>a) Establish oversight practices for newly created consumer safeguards, with or without licensure. [See VI.A-6 (g).]</p> <p>b) Establish licensure categories and/or standards for certification for agencies providing non-facility based services.</p> <p>c) Establish local monitoring protocols in coordination with DFS licensure review to decrease redundancy and ensure a more collaborative approach.</p> <p>d) Work with DFS to enable priority consideration for construction on projects related to the development of mh/dd/sas service capacity/mental health reform.</p>	<p>Consumer safeguards instituted and monitored for efficacy.</p> <p>Licensure category established for non-facility based agency providers.</p> <p>Monitoring system initiated.</p> <p>Fast-track procedures implemented to expedite new construction necessary to implement reform.</p>	<p>July 1, 2003</p> <p>April 1, 2003</p> <p>July 1, 2003</p> <p>Oct. 1, 2002</p>
X.A-1.6 The Division will initiate collaborative efforts to improve the linkage between mh/dd/sas and primary health care.	<p>a) Develop a plan to address improving delivery of primary health care services to people with disabilities.</p> <p>b) Convene a workgroup in conjunction with major medical and dental schools to</p>	<p>Quality health care plan for people with disabilities adopted and presented to appropriate legislative committees and rules commissions.</p> <p>Courses/curriculum</p>	<p>July 1, 2005</p> <p>Aug. 1, 2005</p>

	<p>explore expansion of training in disabilities for health professionals.</p> <p>c) Establish linkages at the state and local levels with ACCESS II & III, Health Choice to enhance coordinated care for individuals with disabilities.</p> <p>d) Establish collaborative planning efforts with the Office of Minority Heal and Health Disparities.</p> <p>e) Address the issue of scarcity of dental care for people with significant disabilities. Establish a task force on dental health for citizens with disabilities to explore the many options cited in the HSRI report across disabilities.</p> <p>f) Improve primary linkages for prevention of infectious diseases such as HIV and HEPC.</p>	<p>conducted in medical/dental schools.</p> <p>Requirements for interface and procedures to ensure effective linkages in place for (c) and (d).</p> <p>Task force on dental health for citizens with disabilities convened.</p> <p>Report and recommendations submitted to the Department.</p> <p>Recommendations implemented.</p>	<p>Oct. 1, 2003</p> <p>April 1, 2003</p> <p>Jan. 1, 2004</p> <p>April 1, 2004 and ongoing</p>
<p>X.A-1.7</p> <p>The Division will work with DHHS staff and Office of State Personnel to address implications of reform on the state/local public workforce.</p>	<p>a) Develop a strategic plan to ensure retention of current, qualified staff in the publicly funded mh/dd/sas supports/services system.</p> <p>b) Create mechanisms to assist state and local staff in publicly operated programs to transition to privately operated systems as necessary. Specifically address inequities throughout the mh/dd/sa system with respect to wages, benefits and training.</p> <p>c) Design strategies to address the changing sets of skills and educational and experiential backgrounds required in the new system. Review job specifications, individual job descriptions and pay grades currently in the personnel system in relation to requirements of the new</p>	<p>Plan submitted to the Division Director that addresses retention of qualified staff and all personnel issues necessary to expedite reform. [See X.A-1.7 (a –c).]</p> <p>Changes in personnel requirements and procedures per the plan in new rule/regulation.</p>	<p>Jan. 1, 2003</p> <p>July 1, 2003</p>

	system.		
B. The Division will create a unified system at the state and local levels.			
Objective	Task/Strategy	Outcome/Product	Completion Date
X.B-1 The Division will oversee collaborative efforts to help de-construct the existing silos (an agency practice of operating without input or involvement of other agencies or parts of agencies).	a) Develop organizational models to exemplify a unified system for use by LMEs and providers.	Division re-organizational structure as blueprint for LMEs.	July 1, 2002
	b) Ensure all entities that provide services/supports to individuals in target populations (such as ICF/MR facilities and adult care homes that have not traditionally been included in the locally administered mh/dd/sas system) are governed by the same standards and protocols as all providers.	Other models produced and shared with all stakeholders in local transition. [See III.C-2.]	Jan. 1, 2003 and ongoing
	c) Enhance the community collaborative concept in System of Care to create broader collaboratives across disabilities.	Changes in policy, rules, regulations and funding procedures in effect to enforce the concept of a unified community system.	July 1, 2003
	d) Create collaborative initiatives to enhance participant/family directed supports. Provide incentives for coordinated efforts between/among System of Care (SOC) community collaboratives, self determination efforts and First in Families (Developmental Disabilities Services family support) to begin this effort.	Community collaborative consortiums observable in every LME catchment area and address cross-disability and age categories. At least two Phase-In Group (PIG) sites conducting a pilot/demonstration of a broader collaborative to enhance participant/family directed supports.	July 1, 2005 July 1, 2003
C. The Division will adopt a communication and public awareness strategy.			
Objective	Task/Strategy	Outcome/Product	Completion Date
X.C-1 In collaboration with appropriate state agencies, state and local media, LMEs and advocacy organizations, the Division will increase awareness of the mh/dd/sa reform effort and the new system that is	a) Develop a communication and marketing strategy in conjunction with the DHHS Office of Public Affairs.	Marketing strategy underway and all communication events reported in quarterly reports to the LOC.	July 1, 2002 and ongoing
	b) Assess and report on efficacy of communication efforts and track presentations, conferences, trainings and other events used to promote public awareness.	Brochures and other informational materials available to the public and widely distributed.	Oct. 1, 2002 and ongoing.

envisioned.	c) Develop brochures and other publications about the system for broad distribution to consumers and their families, potential consumers and the general public.		
X.C-2 In collaboration with LMEs, advocacy and consumer organizations, the Division will create a local development strategy to engender support for the new system and promote the vision of people with disabilities as full citizens of their communities.	<p>a) Create professional/ consumer teams with assigned Division technical assistance staff to organize community networks for promotion of reform and full citizenship for individuals with disabilities.</p> <p>b) Assess the effectiveness of this effort through a pre-post evaluation method, using indicators of success determined by the community team following one year of operation.</p>	<p>At least one Phase-In Group site conducting a pilot/demonstration of a grassroots community organization team with Division technical assistance.</p> <p>Assessment completed and improvements made to continue reform efforts.</p>	<p>July 1, 2004</p> <p>July 1, 2005</p>